EXHIBIT "10"

Case 3:13-cv-01942-ARC Document 24-14 Filed 11/04/13 Page 2 of 2



Franklin County Ja..

Inmate's	Name: DAvid F. Ke	lly Bey	Housing Location: 6-/3- B	Date: 8 21 - 12	
Check One:					
☐ Chaplain ☐ Classification				Correctional Treatment Specialist (CTS)	
	Mental Health Probation Programs (name)				
	☐ Property Clerk ☐ Public Defender ☐ Records				
	☐ Treatment	☐ Work Programs	Deputy Warden		
Name (if known) M5: Useller, Michelle Deputy Warden					
Instructions : Fill out Form completely and print legibly. Provide a brief and detailed description of your question, concern, or problem. Failure to be specific may result in no action being taken. Cite only (1) question, concern, or problem. (Multiple requests require separate Inmate Request Slips)					
MA'AM, you restanged MisConstrued My Question to					
You Concern A HALA Meal. Therefore, I am Requesting					
to Know under the Right to Know law Act 65 P.S. 3 66.1					
Whether the Franklin County Juil Provides Muslim					
Inmate with Special Religious HALA Diets?					
IF Not, THEN only Special Religious Diet that					
Close or Similiar to A HATA Meal is A Kosker Diet					
and since the Holy Qur'an Permit the cating of Kosker ment					
that is lawful to Jews AN interpretation of Surn 5:5 demonstrates					
TSIAMIC tenets lawfully. Inmate's Signature: Manual Kelly Bey					
ISTAMIC Fenets lawfully. Inmate's Signature: Manual 1 Kelly Bey					
For Official Use Only: TURN OVER-					
Forwarded		Forwarded By:	XZ F	ate: 8-31-12	
	PPROVED DISAPPI	ROVED NEED M	ORE INFORMATION S	E ATTACHMENT(s)	
Response: AS Stated bythe, the menu contains					
no pox, no meat from carnivorous unimas					
no blood a no alcohol. If you believe					
This is not in compliance, please					
explain why					
	<u>()</u>				
Staff Signa	ature and Title: MM	xll		ate: 01/4/12	